

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214523568				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: SII Investments, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: WI</p> </div> <div style="width: 35%;"> <p>DUE DATE: 5/31/2014</p> <p>SCC ID NO: F1214594</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>50,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	50,000
CLASS	AUTHORIZED					
COMMON	50,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 5555 GRANDE MARKET DRIVE</p> <p style="text-align: center;">CITY/ST/ZIP: APPLETON, WI 54913</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: TODD M KINART TITLE: PRES/CEO/DIRECT ADDRESS: 5555 W GRANDE MARKET DR CITY/ST/ZIP/CO: APPLETON, WI 54913 </td> <td style="width: 5%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: top;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: TODD M KINART TITLE: PRES/CEO/DIRECT ADDRESS: 5555 W GRANDE MARKET DR CITY/ST/ZIP/CO: APPLETON, WI 54913	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: TODD M KINART TITLE: PRES/CEO/DIRECT ADDRESS: 5555 W GRANDE MARKET DR CITY/ST/ZIP/CO: APPLETON, WI 54913	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: RYAN ARMOCK TITLE: VICE PRESIDENT ADDRESS: 5555 W GRANDE MARKET DRIVE CITY/ST/ZIP/CO: APPLETON, WI 54913 </td> <td style="width: 5%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: top;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: RYAN ARMOCK TITLE: VICE PRESIDENT ADDRESS: 5555 W GRANDE MARKET DRIVE CITY/ST/ZIP/CO: APPLETON, WI 54913	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: RYAN ARMOCK TITLE: VICE PRESIDENT ADDRESS: 5555 W GRANDE MARKET DRIVE CITY/ST/ZIP/CO: APPLETON, WI 54913	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BRIAN CARLSON TITLE: VICE PRESIDENT ADDRESS: 5555 W GRANDE MARKET DRIVE CITY/ST/ZIP/CO: APPLETON, WI 54913 </td> <td style="width: 5%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: top;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: BRIAN CARLSON TITLE: VICE PRESIDENT ADDRESS: 5555 W GRANDE MARKET DRIVE CITY/ST/ZIP/CO: APPLETON, WI 54913	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: BRIAN CARLSON TITLE: VICE PRESIDENT ADDRESS: 5555 W GRANDE MARKET DRIVE CITY/ST/ZIP/CO: APPLETON, WI 54913	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SCOTT FORBUSH TITLE: VICE PRESIDENT ADDRESS: 1 CORPORATE WAY CITY/ST/ZIP/CO: LANSING, MI 48951 </td> <td style="width: 5%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: top;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: SCOTT FORBUSH TITLE: VICE PRESIDENT ADDRESS: 1 CORPORATE WAY CITY/ST/ZIP/CO: LANSING, MI 48951	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: SCOTT FORBUSH TITLE: VICE PRESIDENT ADDRESS: 1 CORPORATE WAY CITY/ST/ZIP/CO: LANSING, MI 48951	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JANICE HERMAN TITLE: VICE PRESIDENT ADDRESS: 5555 W GRANDE MARKET DRIVE CITY/ST/ZIP/CO: APPLETON, WI 54913 </td> <td style="width: 5%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: top;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JANICE HERMAN TITLE: VICE PRESIDENT ADDRESS: 5555 W GRANDE MARKET DRIVE CITY/ST/ZIP/CO: APPLETON, WI 54913	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JANICE HERMAN TITLE: VICE PRESIDENT ADDRESS: 5555 W GRANDE MARKET DRIVE CITY/ST/ZIP/CO: APPLETON, WI 54913	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: VANESSA LAMBRECHTS TITLE: VICE PRESIDENT ADDRESS: 4901 WILSHIRE BLVD CITY/ST/ZIP/CO: SANTA MONICA, CA 90401 </td> <td style="width: 5%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: top;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: VANESSA LAMBRECHTS TITLE: VICE PRESIDENT ADDRESS: 4901 WILSHIRE BLVD CITY/ST/ZIP/CO: SANTA MONICA, CA 90401	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: VANESSA LAMBRECHTS TITLE: VICE PRESIDENT ADDRESS: 4901 WILSHIRE BLVD CITY/ST/ZIP/CO: SANTA MONICA, CA 90401	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				

NAME:	ALICE NAEF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5555 W GRANDE MARKET DRIVE		
CITY/ST/ZIP/CO:	APPLETON, WI 54913		
NAME:	KELLY VANALSTINE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5555 W GRANDE MARKET DRIVE		
CITY/ST/ZIP/CO:	APPLETON, WI 54913		
NAME:	SUSAN WITTHUHN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5555 W GRANDE MARKET DRIVE		
CITY/ST/ZIP/CO:	APPLETON, WI 54913		
NAME:	MAURA COLLINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/CFO/TREASUR		
ADDRESS:	7601 TECHNOLOGY WAY		
CITY/ST/ZIP/CO:	DENVER, CO 80237		
NAME:	JULIA GOATLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1 CORPORATE WAY		
CITY/ST/ZIP/CO:	LANSING, MI 48951		
NAME:	DAWN KALINOWSKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP & COO		
ADDRESS:	5555 W GRANDE MAKET DRIVE		
CITY/ST/ZIP/CO:	APPLETON, WI 54913		
NAME:	DAVID LOASBY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	FVP & CCO		
ADDRESS:	5555 GRANDE MARKET DRIVE		
CITY/ST/ZIP/CO:	APPLETON, WI 54913		
NAME:	THOMAS J MEYER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1 CORPORATE WAY		
CITY/ST/ZIP/CO:	LANSING, MI 48951		
NAME:	JAMES P MILLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	5555 W GRANDE MARKET DRIVE		
CITY/ST/ZIP/CO:	APPLETON, WI 54913		
NAME:	GERRY GUNDERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7601 TECHNOLOGY WAY		
CITY/ST/ZIP/CO:	DENVER, CO 80237		
NAME:	CLIFF JACK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7601 TECHNOLOGY WAY		
CITY/ST/ZIP/CO:	DENVER, CO 80237		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

/s/ TODD M KINART	TODD M KINART,	5/2/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRES/CEO/DIRECT PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		